

216025046
104755

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 77	Agency Case No. B6-053416	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/15/2016		TIME OF ACCIDENT 2230	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1145	06/19/2016		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 233 S 13th		PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE		
D	IF AT INTERSECTION		IF NOT AT INTERSECTION				
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M	1.00		233 S. 13th				
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
F	VEHICLE NO. 1						
1	DRIVER LICENSE NO.	H13342124		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	DRIVER		PHONE		LOCAL NO.		
1	HALEY M KELLER		4026411220				
V2/N	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
1	311 N 8th, Lincoln, NE 68508				04/30/1993		
G	OWNER		PHONE		LOCAL NO.		
1	HALEY M KELLER		402-641-1220				
H	OWNER ADDRESS		CITY, STATE, ZIP		CITATION		
1	311 N 8th #415, Lincoln, NE 08				<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO		
V1/O	LICENSE PLATE	PA NO.	UBJ481	YEAR (Plate Expires)	2017	STATE (Of Plate) NE	
2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
2	1993	Nissan	UES	2 door Sedan	red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 800	
V1/O	VEHICLE ID NO. (VIN)	1N4EB32A3PC742737		INSURANCE COMPANY			
V2/O	TOWED TO	TOWED BY		POLICY NO.			
1					AU269348		
I	VEHICLE NO. 2						
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	DRIVER		PHONE		LOCAL NO.		
8							
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
1							
J	OWNER		PHONE		LOCAL NO.		
01							
V1/Q	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE	
4							
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
13							
K	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY		POLICY NO.	
13							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.	
					5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.	
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VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.	
					5 Trans.	SEX M F	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-053416

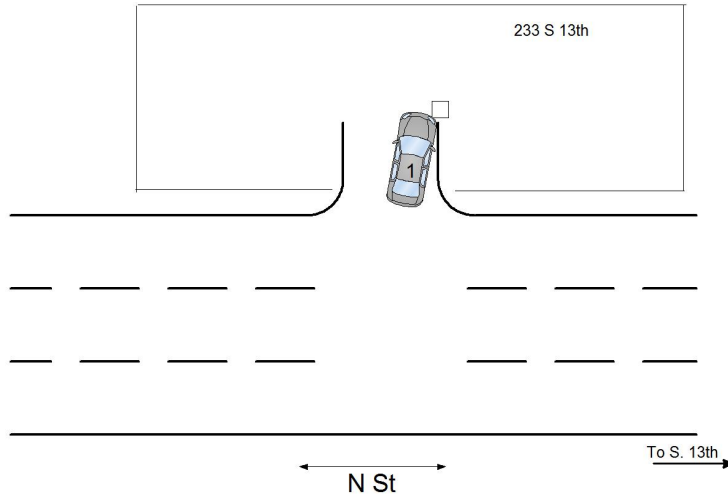


Indicate
North
by Arrow



Not To Scale

POI unknown due to belated report



Column

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #1 stated she was entering the parking garage at 233 S 13th when she collided with a pole inside the garage. She said her hand slipped off the steering wheel and she lost control of her vehicle. Accident reported at hospital following day as she was treated for abrasion to her forehead.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2	
1			X	N					5						1	
2					POINT OF IMPACT	01	POINT OF IMPACT									
1	06	06 Turning left			MOST DAMAGED AREA	01	MOST DAMAGED AREA		1	Deployed - front	1	None used - vehicle occupant	ALCOHOL TESTING		Driver No. 1	Driver No. 2
2		08 Entering traffic lane							9	2 Deployed - side	2	Lap & shoulder belt used	Y		Y	
				09 Leaving traffic lane	00 None		01			3 Deployed - both front/side	3	Shoulder belt only used	N	X	N	
				10 Parked	09 Top & windows					4 Not deployed	4	Lap belt only used	ALCOHOL LEVEL TESTED			
				11 Slowing or stopped in traffic	10 Undercarriage					5 Not applicable/ No airbag available	5	Child safety seat used	BAC LEVEL			
				12 Other	11 Total (all areas)					6 Unknown	6	DOT approved helmet used	ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2
				13 Unknown	12 Other						7 Costume helmet used	7	Restrained use unknown	5		
					08	07	06				8		1 Neither alcohol nor drugs suspected			
											9		2 Yes - alcohol suspected			
													3 Yes - drugs suspected			
													4 Yes - alcohol & drugs suspected			
													5 Unknown			

OFFICER NO. 1253	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Robert Brenner		INVESTIGATOR SIGNATURE Approved by Ofc Robert Brenner	DATE OF REPORT 06/19/2016